# ﻿ Overview of Peer Support Specialist Training

* The content of Therapeutic Advances’ Peer Support Specialist Training has been approved by the Behavioral Healthcare Resource Program (BHRP) and North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS).
* Therapeutic Advances PLLC is the developer of Extending Your Portfolio Peer Support Training. We are a training company that has been approved by the NC Peer Support Board. We are not the Peer Support Board. We screen the application we provide you with and train you prior to you submitting any documents to the board. After the training, you will need to print the board’s application and submit the board’s application to the board.
* Peer Support Specialist Training is a 50 hour training. Participants must be present and participate for all scheduled 50 hours in order to be considered for certification.
* A training participant can miss up to three hours of course time over the approved 50-hour course.
* If a training participant misses more than 3 hours course time, they will be asked to retake the entire 50 hour training in the future.
* The training applicant who missed the 3+ hours course time will need to reapply and pay full price for the future class.
* There is no prerequisite training required to complete this course although there is pre-work that is due the Monday prior to starting the class
* Participants are required to participate in the trainings through lectures, group activities, role-playing, homework, prework, and take home activities. You will also be required to share your personal recovery story.
* Participants who were present for the entire training, passed the exam, participated in class, submitted homework and prework, displayed good coping skills, a healthy mental health status, and no alcohol or substance use relapse or intoxication will be awarded a certificate of completion.
* In order to be able to apply for your state certification, the trainee must pass the exam at the end of the training. The trainee can request another opportunity, within a designated period of time, to re-take the exam if they do not pass the first time. Test will only be given twice.
* Completion of this training does not guarantee that the participant will be hired as a Peer Support Specialist. The participant will be responsible to apply and seek employment with applicable providers within their communities.
* If less than five people are present on the first day of class, the class will be cancelled
* Training topics include Role of Peer Support Specialist, Substance Abuse and Co-Occurring Disorders, Recovery Tools, Cultural Diversity, Recovery Environments, Recidivism, Reducing Bias and Stigmas, Workplace Skills and Peer Support Code of Ethics.

# Qualifications to take Peer Support Specialist training

* 18 years or older
* Have lived experiences in recovery from a significant mental health condition or substance use disorder
* Have been managing your mental health in a healthy way (recovery) for 12 consecutive months
* For substance use and alcohol recovery: Have been clean for 12 consecutive months
* Have at least a high school diploma or equivalent

Date of Application:

Date of Training:

Location of Training:\_\_ Charlotte \_\_ Surrounding Gastonia \_\_Surrounding Salisbury

\_\_ Surrounding Durham Area \_\_ Surrounding Greensboro

Which training are you applying for?

\_\_ Peer Support Training (40 hours, required for certification)

\_\_ Continuing Education training (20 hours, required for certification)

\_\_ Both: PSS (40 hours) and Continuing Education (20 hours)

Student Name:

Address:

Phone:

Email:

Date of Birth:

1.Why are you interested in becoming a Peer Support Specialist? (300 Characters max)

2.Do you consider yourself in recovery from substance use or alcohol? Yes or no.

\_\_\_ Yes. \_\_\_No

3.If so, What substance(s) and/ or alcohol are you in recovery from and when was your last date of use?

4. Do you currently attend the methadone or suboxone clinic?

5.Do you consider yourself recovering from your mental health challenges? Yes or no

\_\_\_ Yes. \_\_\_No

6. If so, how long have you been consistently managing your mental health in a healthy way?

7. Describe the signs and symptoms you experienced with your mental health or substance use problems. (500 Characters max)

8. Describe the things you have done in your recovery process to remain in recovery. (Please state at a least one tool used) \*Note: Having received professional services is not a requirement. (500 characters max)

ADA Statement: We will provide any and all reasonable accommodations (under the ADA) within our ability and to assist prospective students in acquiring other accommodations as needed. If you have any reasonable accommodation request, please explain your need. (500 characters max)

**Attestation: ﻿ I attest that "I understand that I must have**

**lived experience of a mental health and/or substance use disorder to receive the North Carolina's Certified Peer Support Specialist Certification.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions**

* Applications must be complete, including the reference questionnaire form below completed by someone that has known you for 1 year.
* Application submission deadline is 2 weeks prior to the scheduled training.
  + If the class is full or all documents for registration are not received you will be notified and placed on waiting list until the next schedule training
* Completed applications and reference forms should be emailed to [**extendingyourportfolio@gmail.com**](mailto:extendingyourportfolio@gmail.com)
* Applications that are approved to move forward with the training, will be notified 48 hours after submitting application.

# Personal Reference Form

The individual named below is submitting an application to participle in an upcoming Peer Support Specialist Training. The applicant has requested for you to provide the required personal reference.

A person that is eligible to take the Peer Support Specialist Training has to meet the below requirements:

* 18 years or older
* Has lived experiences in recovery from a significant mental health and/or substance use disorder
* Has been in recovery for at least one consecutive year • Has at least a high school diploma or equivalent

With the advantage of shared experience, a Peer Support Specialist is someone who helps others diagnosed with a mental illness and/or substance use disorder.

**Instructions:** Complete this reference questionnaire and submit it directly to the training company “ Therapeutic Advances PLLC “ at email [*extendingyourportfolio@gmail.com*](mailto:extendingyourportfolio@gmail.com)We will review your reference letter to make sure you have answered all questions. You will receive correspondence from our company informing you that your reference has been accepted and you can complete the board's reference questionnaire, seal, and sign it. Please give the board’s reference to the applicant so they can submit it with their application to the board.

Name of applicant for whom you are providing a reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.Description of your relationship with the applicant.

2.How long you have known them?

3.Please share the applicant’s strengths’ that you feel will be an asset in them becoming a peer support specialist:

4.Describe your experience with the individual that indicates his/her demonstrated recovery for at least 12 consecutive months:

By signing this reference form, I certify that the information that has been provided is accurate, to the best of my knowledge. I certify that I have witnessed their personal recovery lifestyle for an extended period of time.

My signature also confirms, to the best of my knowledge, that the applicant meets the indicated requirements (below) to be a Peer Support Specialist.

* 18 years or older
* has been in recovery for one year
* has a high school diploma or equivalent

**Signature:**

|  |  |
| --- | --- |
| **Contact Information**  **For Reference**  Name |  |
| Address |  |

Phone Email

**Questions?**

If you have questions about the reference form, contact [Extendingyourportfolio@gmail.com](mailto:Extendingyourportfolio@gmail.com)